

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028367

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

3709

STATE FILE NUMBER

FILED JUL 22 1963

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY

Length of stay in 1b

78 YRS.

c. FULL NAME OF (If NOT in hospital, give location)

NEW HOPE NURSING HOME

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY

KANSAS CITY

OR TOWN

Inside Limits

Yes ☒ No ☐

d. STREET

2522 WASHINGTON

ADDRESS

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First MAX

Middle

Last HARRASS

4. DATE OF DEATH

Month Day Year

JULY 2, 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/31/82

9. AGE (last birthday)

80

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CABINET FINISHER

10b. KIND OF BUSINESS OR INDUSTRY

FURNITURE CO.

11. BIRTHPLACE (City and state or country)

GERMANY

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

GUSTAV HARRASS

13b. MOTHER'S MAIDEN NAME

ANNA KRIESEL

14. NAME OF HUSBAND OR WIFE

NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates)

NO

16. SOCIAL SECURITY NO.

372

17. INFORMANT

LYDIA BENTZ - K.C.M.O.

Address

K.C.M.O.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia

DUE TO (b)

Hypertatic Congestion

DUE TO (c)

Coronary Failure

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-1-63 to 7-2-63 and last saw him alive on 7-2-63

Death occurred at 5:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Otto W. Theel

(Degree or title)

M.D.

22b. ADDRESS

4301 Main St. KCMO

22c. DATE SIGNED

7-3-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

7/5/63

23c. NAME OF CEMETERY OR CREMATORY

MADE HILL

23d. LOCATION (City, town, or county)

K.C.M.O.

(State)

24. FUNERAL DIRECTOR

F.A. REISING

ADDRESS

K.C.M.O.

25. DATE RECD. BY LOCAL REG.

7-3-63

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

Otto W. Theel

700PS2-000

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *George A. Bering*

Licensed Embalmer No. 4468

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.